



FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION

Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof. Please attach a separate sheet for additional financial institutions to explain your activities more fully.

- (1) In the last five (5) years, has any member of your firm represented any financial institution that has been declared insolvent or operated under regulatory direction or regulatory agreement? NO YES

If "Yes," in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.

- (2) In the last five (5) years, has any member of your firm served as general counsel, CEO, chairman, president or any other officer, director or member of any committee of any financial institution? NO YES

If "Yes," in the table below, provide the name of the attorney(s), dates and descriptions of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.

- (3) In the last five (5) years, has any member of your firm had any equity interest in any financial institution? NO YES

If "Yes," in the table below, provide the name of the attorney(s), the dates and description of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.

***If 1, 2 and 3 are all marked "No" further information is not required. Please sign and date below.**

Complete the following only if required in items 1-3 above. Attach additional sheets if necessary.

FINANCIAL INSTITUTION AND LOCATION	GENERAL DESCRIPTION OF SERVICES PROVIDED	DATE(S) OF SERVICES	ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		BILLING \$	% OF OWNERSHIP

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign & date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____